М 1403119167

STATEMENT OF

FEC FORM 1		STATEMENT OF ORGANIZATION			2.	REC	EIVE 4 AM	11:41	
1. NAME OF COMMITTEE (in	full)	(Check i			ole: If typing, type ne lines.	12FE4			
Winning We	omen	e-mail:				-			ı
	<u> </u>								
		.228 S. Washingto	on St. Ste. 115	 5			1111		<u> </u>
ADDRESS (number a	•	228 S. Washington St., Ste. 115							
(Check if a is changed									
		Alexandria L L L L L L L L L L L L L L L L L L L				VA STATE A	22314	ZIP	- L L L L L L L L L L L L L L L L L L L
COMMITTEE'S E-MA	AIL ADDRES	3							
(Check if a is changed		llisker@hdafe	c.com			<u> </u>			
_		Optional Second		ress		1 1 1 1	1 1 1 1	1 1 1	
COMMITTEE'S WEB (Check if a is changed	address	RESS (URL)					1111	1.1.1	
2. DATE	2 28	2014							
3. FEC IDENTIFIC	CATION NUM	MBER ►	C						
4. IS THIS STATEMENT X NEW (N) OR AMENDED (A)									
I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.									
Type or Print Name of Treasurer Lisa Lisker									
Signature of Treasure	er <i>Lisa Lis</i>	ker Siai	R Sm	<u>E</u>	·	Date	02	8	2014
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.									
Office Use Only				F	or further information ederal Election Commis oil Free 800-424-9530 ocal 202-694-1100			EC FO Revised 0	

F	EC Fo	m 1 (Revised 02/2009)	Page 2
		DMMITTEE	
Cen	: armer	Committee:	
(a)		This committee is a principal campaign committee. (Complete the candidate information below.)
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Cominformation below.)	nplete the candidate
Name Candi			· · · · · · · · · · · · · · · · · · ·
Candi		Office Constant Constant	State
arty	Affiliation	on Sought: House Senate President	District
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Candi	_		
Part	y Con	mittee:	
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Polit	tical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nnected organization is a
		Corporation Corporation w/o Capital Stock	Labor Organization
		Membership Organization Trade Association	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	600p 0. 4
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate scommittee. (i.e., nonconnected committee)	egregated fund or party
		In addition, this committee is a Lebbyist/Rogistrant PAC.	
**************************************	Dall Internation	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint	t Fund	raising Representative:	
(g)	×	This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, at least one of which is an authorized committee of a foderal candidate.	
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	ELISE FOR CONGRESS)547893
	2.	MCSALLY FOR CONGRESS FEC 1D number C COO	0512236
	3.	ACIVIO LOCA FOR CONTREDO	0554261
	4.		

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FEC Form 1 (Revised 02	2/2009)	Page 3
Write or Type Committee Name		
Winning Womer)	
6. Name of Any Conflected Or	ganization, Affiliated Committee, Joint Fundraising Representative, or Leader	ship PAC Sponsor
NONE		
Mailing Address		
	<u> </u>	
	CITY STATE	ZIP CODE
Relationship:	Organization Affiliated Committee Joint Fundraising Representative Le	eadership PAC Sponsor
 Custodian of Records: Ident books and records. 	ify by name, address (phone number optional) and position of the person in po	ossession of committee
Lisa Lisker		
Full Name	,228 S. Washington St., Ste. 115	
Mailing Address		
	Alexandria , VA , 22314	
	Alexandra	
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number 703 -	281
8. Treasurer: List the name and any designated agent (e.g., as	address (phone number optional) of the treasurer of the committee; and the n ssistant treasurer).	ame and address of
Full Name Lisa Lisker		
of Treasurer	ı 228 S. Washington St., Ste. 115	<u> </u>
Mailing Address		
	Alexandria VA 22314 CITY STATE	ZIP CODE
Title or Position Treasurer	Telephone number	281 - 7540

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Full Name of Designated	Keith Davis	
Agent	₁ 228 S. Washington St., Ste. 115	
Mailing Address	1220 G. Washington Gt., 516. 110	
	Alexandria VA 22314	
	CITY STATE 2	ZIP CODE
Title or Position Assistant Treas	urer 703 - 5	49 - 7705
Name of Bank, I	Depository, etc.	
Mailing Address	,1909 K St., NW	
	Washington DC 20006	<u>.</u> - L
	CITY STATE	ZIP CODE
Name of Bank,	Depository, etc.	
Mailing Address		
	CITY STATE	ZIP CODE

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| Ship Date: 28FEB14 | ActMgt 0.3 LB | CAD: 8587532/INET3490

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Alexandria, VA 22314

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Federal Election Commission 999 E St., NW

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	Date of Receipt or Postmarked
Other (Specify):	
	
Λ. Δ	-1-1-1
HARY_	3/9/14
PREPARER	DATE PREPARED

(8/2013)